

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled AMINO BENZOTHAZOLE COMPOUNDS WITH NOS INHIBITORY ACTIVITY, the specification of which is attached hereto is that of PCT International Application No. PCT/CA2003/01185, filed on August 7, 2003.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with 37 C.F.R. § 1.56.

FOREIGN PRIORITY RIGHTS: I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Country	Serial Number	Filing Date	Priority Claimed?
Canada	PCT/CA2003/001185	August 7, 2003	Yes

PROVISIONAL PRIORITY RIGHTS: I hereby claim priority benefits under 35 U.S.C. § 119(e) of any United States provisional patent application(s) listed below filed by an inventor or inventors on the same subject matter as the present application and having a filing date before that of the application(s) of which priority is claimed:

Serial Number	Filing Date	Status
60/401,333	August 7, 2002	Abandoned

NON-PROVISIONAL PRIORITY RIGHTS: I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Filing Date	Status

I hereby appoint the attorneys and/or agents associated with customer number **21559** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence relating to this application to the address associated with customer number **21559**.

Address all telephone calls to: Karen L. Elbing, Ph.D. at 617-428-0200.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
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Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Shawn Maddaford	Mississauga, Ontario CANADA	3179 Folkway Drive Mississauga, Ontario L5L 1Y3 CANADA	Canada
Signature:			Date:

PCT**GENERAL POWER OF ATTORNEY***(for several international applications filed under the Patent Cooperation Treaty)***(PCT Rule 90.5)****The undersigned person(s):***(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

NEURAXON INC.
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hereby appoint(s) the following person(s):

☒ agent☐ common representative**Name and address***(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

BERESKIN & PARR
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to represent the undersigned before

☒ all the competent International Authorities☐ the International Searching Authority only☐ the International Preliminary Examining Authority only

in connection with any and all international applications filed by the undersigned with the following Office

CANADIAN

as receiving Office

and to make or receive payments on behalf of the undersigned.

Signature(s) (where there are several persons, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs. If such capacity is not obvious from reading the power.)

NEURAXON INC.

J. S. Andrews

Name: **JOHN S. ANDREWS**Title: **PRESIDENT**

Date:

12th January 2005